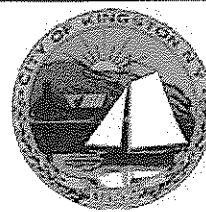




# KINGSTON FIRE DEPARTMENT

## APPLICATION FOR A BUILDING PERMIT



NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

### PART 1: GENERAL INFORMATION

#### 1. Project Location and Information

Number and Street Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Current use of the property / Building: \_\_\_\_\_

Proposed use of the property / Building: \_\_\_\_\_

#### 2. Owner Identification

Applicants Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone - Owner: ( ) \_\_\_\_\_ - \_\_\_\_\_ Applicant: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other: ( ) \_\_\_\_\_ - \_\_\_\_\_

#### 3. Type of Construction or Improvement

☐ New Building — Proposed use is \_\_\_\_\_

☐ Conversion — Current use is \_\_\_\_\_ Proposed use is \_\_\_\_\_

☐ Addition ☐ Alteration ☐ Repair / Replacement

☐ Relocation ☐ Demolition ☐ Miscellaneous Structure or Equipment

#### 4. Description of Project: \_\_\_\_\_

#### 5. Estimated Project Cost:

Contractors estimate for the work to be performed: \$ \_\_\_\_\_

If the work is to be performed by the homeowner: \$ \_\_\_\_\_

### PART 2: DESIGNERS AND CONTRACTORS

1. Architect/Engineer: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. General Contractor: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Licensed Electrical Contractor: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License #: \_\_\_\_\_ Permit # \_\_\_\_\_

4. Licensed Plumbing Contractor: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License #: \_\_\_\_\_ Permit # \_\_\_\_\_

5. HVAC Contractor: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. \_\_\_\_\_ Contractor: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

KINGSTON FIRE DEPARTMENT • BUILDING SAFETY DIVISION (845) 331-1217 FAX (845) 331-1224  
Dig Safely. New York — [www.digsafelynewyork.com](http://www.digsafelynewyork.com) — Call **BEFORE** you dig 1-800-962-7962

### **PART 3: PROJECT LOCATION AND DETAILS**

**Please attach a sketch or plot plan!**

**A sketch of the work to be performed must be made a part of this application. The sketch must include the following:**

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. **Addition** will be used as: ☐ Family Room; ☐ Living Room; ☐ Kitchen; ☐ Den; ☐ Bedroom;  
☐ Bath ☐ Full-or- ☐ Half;  
☐ Other \_\_\_\_\_
7. **Basement:** ☐ Full; ☐ Partial; ☐ Crawl; ☐ Pier; ☐ Slab
8. **Garage:** ☐ Attached; ☐ Detached
9. **Deck/Porch:** ☐ Open; ☐ Covered; ☐ Enclosed; ☐ Screened; ☐ Other
10. **Utilities:** ☐ Electric; ☐ Gas; ☐ Other

### **PART 4: IMPORTANT NOTICES: READ BEFORE SIGNING**

1. Work conducted pursuant to a building permit must be visually inspected by the Building Safety Division of the Kingston Fire Department and must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations. The Owner/Occupant and/or Contractor is responsible for the removal of all construction and/or demolition debris from the jobsite. Contact the City of Kingston Department of Public Works at (845) 331-0682 during office hours.
2. It is the owner's responsibility to contact the Building Safety Division at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall).
3. OWNER HEREBY AGREES TO ALLOW THE BUILDING SAFETY DIVISION TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Building Safety Division. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY** \_\_\_\_\_

APPROVALS: ☐ Zoning Board \_\_\_\_\_ ☐ Planning Board \_\_\_\_\_  
☐ Historic Landmarks \_\_\_\_\_ ☐ Heritage Area \_\_\_\_\_  
☐ Code Review \_\_\_\_\_ ☐ Other \_\_\_\_\_

SEQRA: ☐ Type I ☐ Type II ☐ Unlisted \_\_\_\_\_  
☐ Negative Declaration ☐ Positive Declaration ☐ Lead Agency \_\_\_\_\_

PERMIT FEE: Base Fee \$ \_\_\_\_\_ + SQ. FT. \_\_\_\_\_ X \_\_\_\_\_ / SQ.FT. = \$ \_\_\_\_\_ Total Fee

REVIEWED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Richard T. Salzmann**  
Fire Chief  
**James M. Brunner III**  
Captain

**Kingston Fire Department**  
**Building Safety Division**  
5 Garraghan Drive  
Kingston, NY 12401  
Phone (845) 331-1217  
Fax (845) 331-1224



- A complete Building Permit Application (front and back of application)
- If work is being done by the homeowner then the Workers Compensation waiver form needs to be complete
- If work is being done by a contractor this office will need a copy of the contractor's Workers' Compensation or if contractor **does not** have Workers' Compensation and or disability benefits insurance requirement they will be required to provide Form CE-200 to show proof of such exemption. Contractors can find an instruction manual clarifying the requirements at the Workers' Compensation Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
- Please note the ACORD forms are NOT an acceptable proof of New York State workers' compensation or disability benefits coverage.
- Plans of work being done (plot plan, survey etc...)
- Brochure of any accessory structure (sheds, pools, etc...)

**\*\*\*\* Please note any purchases within the last year must be accompanied by a deed to show ownership.\*\*\***

**Any building permit submitted without the necessary information listed above will be returned.**